DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: NORTHWOODS TLC SERVICES (0009713)
Address: 27001 E BENOIT LAKE RD, SPOONER, WI 54801

License Status: REGULAR

Licensed/Certified/Registered 10/04/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093585 End Date: 10/12/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009716 Served 10/25/2004

		<u>Compliance</u>		
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected	
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW			
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE			
88.06(2)(c)8	RESIDENT RIGHTS AND GRIEVANCE			
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT			
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES			
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT			
88.07(3)(e)1	MEDICATION- RECORD KEEPING			
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Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.